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Pabst Patent Group LLP
400 Colony Square, Suite 1200
1201 Peachtree Street
Atlanta, GA 30361Telephone (404) 879-2150
Telefax (404) 879-2160information@pabstpatent.com
www.pabstpatent.com

TELEFAX

Date: November 28, 2005

Total pages: (w/fax cover)

To: U.S. PTO

Telephone: (703) 308-9797

Telefax: 571-273-8300

From: Patrea L. Pabst

Telephone: 404-879-2151

Telefax: 404-879-2160

Our Docket No. MIT 9952

Client/Matter No. 095148-00207

Your Docket No.

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Thomas J. F. Nieland, Monty Krieger, and Thomas Kirchhausen

Serial No.: 10/681,746

Art Unit: 1624

Filed: October 8, 2003

Examiner: Balasubramanian, Venkataraman

For: *COMPOUNDS FOR THE MODULATION OF CHOLESTEROL TRANSPORT*Attachments:

Transmittal Form PTO/SB/21,

Fee Transmittal PTO/SB/17;

Amendment and Response

(45062942.1)
095148-00207

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NO. 6193 P. 2

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**0.00****Complete if Known**

Application Number	10/681,746
Filing Date	October 8, 2003
First Named Inventor	Thomas J. F. Nieland
Examiner Name	V. Balasubramanian
Art Unit	1624
Attorney Docket No.	MIT 9952

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 17 - 20 or HP = 0 x =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 3 - 3 or HP = 0 x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

4. OTHER FEE(S)

Non-English Specification: \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No. <u>31,284</u>	Telephone <u>(404) 879-2151</u>
Signature	_____	(Attorney/Agent)	
Name (Print/Type)	<u>Patrea L. Pabst</u>	Date	<u>November 28, 2005</u>

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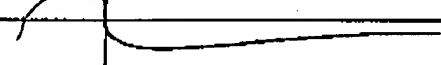
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/681,746
	Filing Date	October 8, 2003
	First Named Inventor	Thomas J. F. Nieland
	Art Unit	1624
	Examiner Name	Venkataraman Balasubramanian
Total Number of Pages in This Submission	Attorney Docket Number	MIT 9952

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Printout from Chembridge's Website
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Pabst Patent Group LLP	
Signature		
Printed name	Patrea L. Pabst	
Date	November 28, 2005	Reg. No. 31,284

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Signature		
Typed or printed name	Patrea L. Pabst	Date November 28, 2005

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